



THE CITY OF SAN DIEGO

SAN DIEGO POLICE DEPARTMENT – VICE PERMITS AND LICENSING
P.O. Box 121431 MS 735 San Diego, CA 92101 Phone: (619) 531-2250

TOBACCO RETAILER APPLICATION
RENEWAL ONLY

«Business»
«StreetAddress»
«CityStateZip»

PERMIT TYPE: TOBACCO
PERMIT NO.: «PermitNumber»
EXPIRATION DATE: «RenewalDate»
BUS. ADDRESS:«SecAddress»

APPLICANTS MUST SUBMIT A COMPLETE APPLICATION AND THE FOLLOWING ITEMS

- ☐ **BUSINESS TAX CERTIFICATE** (619) 615-1500
- ☐ **STATE RETAILER CIGARETTE & TOBACCO PRODUCTS LICENSE** Board of Equalization (800) 400-7115
 - **Check, money order or cashier's check payable to CITY TREASURER.** Third party, out of state checks, and credit cards are not accepted. **Regulatory Permit Fee \$131.00 (annual fee)**
 - It is the responsibility of the permit holder to renew the permit **no later than 10 days** after the expiration date. Failure to renew on time will result in penalty fees (**\$25 plus 10% of the regulatory fee**). If a renewal is not completed with all fees and penalties paid **within 30 days** after the permit expiration date, the permit expires and activities allowed by the permit must cease. A permittee must then begin the application process as a new applicant. (SDMC §33.0308)
 - Contact tobacco@pd.sandiego.gov if you have any questions.

APPLICANT INFORMATION

- ☐ Check box and initial if there are no changes from the original application and do not complete the below section – INITIALS _____

Applicant's Full Name: _____
First Middle Last

Applicant's Relationship to Business / Title _____

If applicable: Applicant is a Corporate Officer ☐ Applicant is a Partner ☐

Other Names Ever Used: (Maiden, Alias, etc.) _____ Email Address: _____

Date of Birth _____ Height _____ Weight _____ Sex ____ Eyes ____ Hair ____

Driver's License / ID No. _____ State _____ SSN _____

Residential Address _____ City _____ State ____ Zip _____

Mailing Address _____ City _____ State ____ Zip _____

Res. Ph. () _____ Bus. Ph. () _____ Cell Ph. () _____

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TOBACCO RETAILER DECLARATIONS

REQUIRED APPLICANT DISCLOSURES

Have you ever had any *license* or *permit* issued by any agency or board, or any city, county, state or federal agency suspended or revoked, or have you had any professional or vocational *license* or *permit* suspended or revoked within 5 years immediately preceding this application? ☐ Yes ☐ No

If yes, reason for suspension or revocation: _____

Except for traffic infractions, do you have any criminal *convictions*, including those dismissed per Penal Code section 1203.4? ☐ Yes ☐ No

If yes, *conviction* info, including date and place: _____

Have you ever been denied a state retailer cigarette and tobacco products license? ☐ Yes ☐ No

If yes, reason for the denial: _____

DECLARATION REQUIRED PER SDMC § 33.4505I

As an applicant for a *police permit* to operate as a *tobacco retailer*, I submit this signed declaration certifying that I have not been convicted of or faced administrative action based on violations of the offenses listed in Municipal Code section 33.4510.

Applicant's Signature _____ Date _____

RIGHT TO INSPECT PER SDMC § 33.0103

I acknowledge the right to inspection as required pursuant to San Diego Municipal Code section 33.0103.

Applicant's Signature _____ Date _____

*****E MAIL ADDRESS*****: _____

DO NOT COMPLETE THE BELOW INFORMATION

FOR SDPD USE ONLY:

Accepted by: _____ Date _____

Approved ☐

Disapproved ☐

By: _____ Date _____

Comments: _____